Dear [Redacted]:

**Determination**

A Request for Independent Bill Review (IBR) was assigned to MAXIMUS Federal Services on 06/20/2014, by the Administrative Director of the California Division of Workers' Compensation pursuant to California Labor Code section 4603.6. MAXIMUS Federal Services has determined that the Claims Administrator’s determination is upheld. This determination finds that the Claims Administrator does not owe the Provider additional reimbursement.

**Pertinent Records and Other Appropriate Information Relevant to the Determination Reviewed:**

The following evidence was used to support the decision:

- The original billing itemization
- Supporting documents submitted with the original billing
- Explanation of Review in response to the original bill
- Request for Second Bill Review and documentation
- Supporting documents submitted with the request for second review
- The final explanation of the second review
- Other: CMS’ Durable Medical Equipment, Prosthetics/Orthotics, and supplies (DMEPOS) Fee Schedule
ANALYSIS AND FINDINGS:

Based on review of the case file the following is noted:

- **ISSUE IN DISPUTE: Code E1399-LL is under review as it was denied in full (or part) for reimbursement.**
- The Provider is the manufacturer of the supplied Durable Medical Equipment (H-Wave Home Device).
- The DME equipment was billed using the HCPCS E1399.
- The HCPCS code E1399 is not listed on the CMS’ Durable Medical Equipment, Prosthetics/Orthotics, and supplies (DMEPOS) Fee Schedule.
- The cost of the item was documented on the invoice at $3,300.00.
- The original bill submitted with the documentation indicated a billing for three (3) units of the billed HCPCS code E1399 Modifier LL for a total charge $1,072.50.
- The documentation included a prescription for the H-wave Home Care system. The documentation included a report titled "Primary Treating Physician's Progress Report Addendum", which indicated the following Treatment Plan and Prescription: "Continued current treatment plan with the EWL H-Wave Homecare System for: 3 Months."
- Utilization review letter certified the following: H Wave Device and Supplies x 3 months
- Provider did not document monthly rental charges of the H-Wave unit.
- Supplied record did not include an itemization for rental charges and supplies. All services were billed as E1399-LL for $1,072.50.
- **DETERMINATION OF ISSUE IN DISPUTE: Reimbursement of code E1399-LL is not recommended based on lack of documentation.**

<table>
<thead>
<tr>
<th>Service Code</th>
<th>Provider Billed</th>
<th>Plan Allowed</th>
<th>Dispute Amount</th>
<th>Units</th>
<th>Workers’ Comp Allowed Amount</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>E1399-LL</td>
<td>$1,072.50</td>
<td>$0.00</td>
<td>$1,072.50</td>
<td>3</td>
<td>$0.00</td>
<td>DISPUTED SERVICE – Reimbursement not recommended</td>
</tr>
</tbody>
</table>

**Date of Service – 01/03/2014**

**Durable Medical Equipment**

**Determination: UPHOLD**
Chief Coding Specialist Decision Rationale:
This decision was based on supplied medical record and comparison with OMFS DMEPOS Fee Schedule. This was determined correctly by the Claims Administrator and the payment of $0.00 is upheld.

This decision constitutes the final determination of the Division of Workers' Compensation Administrative Director, is binding on all parties, and is not subject to further appeal except as specified in Labor Code section 4603.6(f).

Sincerely,

[signature]
Chief Coding Reviewer

Copy to:

[redacted]

Copy to:

[redacted]